State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. *(Form designed for use on elite (12-pitch typewriter).*

T-14

90-209

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: C.A.D.0.8.6.5.1.0.0.0.5
Manifest Document No.: 9 1 1 0 8

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
McDonnell Douglas Aircraft Co.
19503 S. Normandie Avenue
Torrance, CA 90502

4. Generator's Phone (213) 533-6677 K. L. Anderson 722 M/S C6-10

A. State Manifest Document Number: 89476950

B. State Generator's ID: H.A.H.Q.3.6.0.0.5.6.9.8

5. Transporter 1 Company Name: J.C.I. Environmental Services

6. US EPA ID Number: C.A.D.0.5.8.0.1.8.3.6.7

C. State Transporter's ID: 013944

D. Transporter's Phone: (213)268-3137

7. Transporter 2 Company Name:

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
Chem Tech Systems, Inc.
3650 E. 26th St.
Vernon, CA 90023

10. US EPA ID Number: C.A.T.0.8.0.0.3.3.6.8.1

G. State Facility's ID: CAT080033681

H. Facility's Phone: (213)268-3387

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Hazardous Waste Liquid, n.o.s., ORM-E, NA9189	001	TT	05000	G	State: 461; EPA/Other: Cal.Reg.
b.					State: ; EPA/Other:
c.					State: ; EPA/Other:
d.					State: ; EPA/Other:

J. Additional Descriptions for Materials Listed Above
Alkaline 2%
Paint Solids 5%
Oil 1%
Water Remainder

K. Handling Codes for Wastes Listed Above
a. 01
b.
c.
d.

15. Special Handling Instructions and Additional Information
Guide # 31
Use gloves, goggles, & respirator.
B1544

PROFILE #P.Booth
HAULER 1396
SITE

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; **OR**, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Kris L. Anderson Agent for M.D.A.C.
Signature: [signature]
Month Day Year: 0 3 0 7 9 0

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Dale Schuessler
Signature: [signature]
Month Day Year: 0 3 0 7 9 0

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Month Day Year:

19. Discrepancy Indication Space
Lab called sump - R. Sandes put to 201

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Robert Plank
Signature: [signature]
Month Day Year: 0 3 0 8 9 0

GENERATOR

TRANSPORTER

FACILITY

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

89476950

DHS 8022 A (1/88)
EPA 8700—22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

BOE-C6-0198440

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Department of Health Services
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Paint Solids 5%
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Water Remainder

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b.
c.
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Guide # 31
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B1544
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Month Day Year: 0 3 0 7 9 0

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Printed/Typed Name: Dale Schuessler
Signature:
Month Day Year: 0 3 0 7 9 0

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name
Signature
Month Day Year

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89476950

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Do Not Write Below This Line

YELLOW: GENERATOR RETAINS

BOE-C6-0198441